REPORT DOCUMENTATION

AD-A278 893

Form Approved
OMB No. 0704-0188

1. AGENCY USE ONLY (Leave blank)	2. REPORT DATE	3. REPORT TYPE AND DATES COVERED
	August 1993	Final Report (07-92 to 07-93)

4. TITLE AND SUBTITLE
TRANSFORMING ORGANIZATIONAL CULTURE THROUGH STRATEGIC PLANNING; A CASE STUDY

5. FUNDING NUMBERS

6. AUTHOR(S)
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8. PERFORMING ORGANIZATION REPORT NUMBER
32a-93

9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)
U.S. ARMY-BAYLOR UNIVERSITY GRADUATE PROGRAM IN HEALTH CARE ADMINISTRATION
ACADEMY OF HEALTH SCIENCES, U.S. ARMY (HSHA-MH)
FORT SAM HOUSTON, TEXAS 78234-6100

10. SPONSORING/MONITORING AGENCY REPORT NUMBER

11. SUPPLEMENTARY NOTES

12A. DISTRIBUTION/AVAILABILITY STATEMENT
APPROVED FOR PUBLIC RELEASE; DISTRIBUTION IS UNLIMITED

12B. DISTRIBUTION CODE

13. ABSTRACT *(Maximum 200 words)*

In the absence of a strategic plan, the organizational culture tends to follow traditional paths. A comprehensive, well thought-out strategic plan can help alter that path by focusing the energies of the members toward a set of common goals. To examine the efforts of an organization to inculcate a strategic plan requires integration of dynamic, multi-faceted data; best achieved through case study research. This is especially true for an organization that embodies a transient population founded on traditional values, goals, and crisis management. Analyzing the effect of transitional leadership and strategic planning on organizational culture following the plan's approval, retirement of the Commanding Officer, and the departure of other leaders in top management is achieved through use of historical documentation, surveys, interviews of top management, and observations.

Does the loss of senior officers knowledgeable in the strategic planning process and proactive in educating and empowering subordinates to achieve the ratified goals negatively impact strategic planning implementation? Findings suggest that it does. However, even with an increase in external demands, they also reflect the continuity provided by the remaining leaders. Though progress in implementing the strategic plan slowed, the fresh, innovative ideas of the new management team revitalized efforts to realign the TQL structure with the strategic plan.

If we are to compete with the "flat, fluid, and fast" healthcare organizations of the future envisioned by Beckman (1993), a strategic plan incorporating periods of management transition is needed to help direct the cultural transformation and provide a foundation for consistency in leadership endeavors, and in employee empowerment and education.

14. SUBJECT TERMS
Organizational Behavior; Strategic Planning; Cultural Transformation; Total Quality Management

15. NUMBER OF PAGES
74

16. PRICE CODE

17. SECURITY CLASSIFICATION OF REPORT	18. SECURITY CLASSIFICATION OF THIS PAGE	19. SECURITY CLASSIFICATION OF ABSTRACT	20. LIMITATION OF ABSTRACT
N/A	N/A	N/A	UL

TRANSFORMING ORGANIZATIONAL CULTURE THROUGH STRATEGIC PLANNING: A CASE STUDY

A Graduate Management Project

Submitted

In Partial Fulfillment of the

Requirements for the Degree

of

Master of Healthcare Administration

by

Lieutenant Becky L. Bailey, MSC, USN

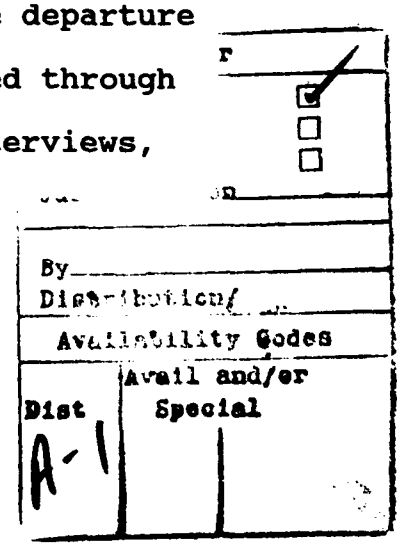
July 1993

Running Head: TRANSFORMING ORGANIZATIONAL CULTURE

Abstract

Strategic planning and organizational culture logically impact one another. In the absence of a formal strategic plan, the organizational culture generally determines its direction, that is, to continue on a traditional path of daily operations. This may be especially true in an organization which embodies a transient population founded and maintained on traditional values and goals, wherein the concept of "bounded rationality" is quite complex and layered. However, a comprehensive, well thought-out strategic plan can alter the traditional path by focusing the energies of the members toward a set of common goals.

To examine the efforts of an organization to inculcate a strategic plan requires integration of dynamic, multi-faceted data; best achieved through case study research methodology. Analyzing the effect of transitional leadership and strategic planning on organizational culture following the plan's approval, retirement of the Commanding Officer, and the departure of other leaders in top management is achieved through use of historical documentation, surveys, interviews, and observations.



Does the loss of senior officers knowledgeable in the strategic planning process and proactive in educating and empowering subordinates to achieve the ratified goals negatively impact strategic planning implementation? Research findings suggest that it does. However, they also reflect the continuity provided by the remaining leaders as the command experienced this major leadership transition during a period of increased external demands. Even though progress in implementing the strategic plan slowed as disagreements arose concerning process management, the strategic plan was not forgotten. As external demands eased, the new management team focused on the future. Their fresh, innovative ideas revitalized efforts to realign the TQL structure with the strategic plan.

Beckham (1993) predicts the healthcare organization of the future as "flat, fluid, and fast;" founded on trust, a taste for change, and a commitment to education. A strategic plan is definitely needed to help direct this cultural transformation. It is well advised to incorporate periods of management transition into the plan to provide consistency in leadership endeavors, and in employee empowerment and education.

Acknowledgements

Grateful appreciation is extended to the staff at Naval Hospital San Diego and the outlying branch clinics for their candor and support. A very special thanks to Dr. Ken Brodeur for his many hours' invaluable technical assistance and support; and to Captain Robert S. Kayler and Lieutenant Commander Peter F. O'Connor for their leadership, technical assistance, and priceless support.

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INTRODUCTION

Strategic/Business Planning and Navy Medicine... separately these terms are very familiar, together they may sound foreign. During naval orientation, new naval personnel learn that according to Title 10 United States Code (U.S.C.) §5012, the primary mission of the U.S. Navy is to be fully prepared for "prompt and sustained combat incident to operation at sea." Strategic planning to accomplish this mission falls under the responsibility of our experienced military leaders at The Pentagon, who generally transfer or retire after two to three years.

With an organizational structure designed to fulfill the mission of the Navy, the organizational culture is based on the traditional values and goals of a highly transient population. Constant technological advancements and ever-increasing threats around the world mean continual modifications to the objectives designed to reach that mission. Such changes also mean transformation of the traditional organizational culture. Is such a thing possible?

While perhaps deciding the best avenue to approach these difficulties, the success of Deming's management

philosophy became more renown. With the mandate in 1989 to begin transformation to an organization based on that philosophy, Navy commands world-wide began a "journey to quality and excellence." The journey for commands under the Bureau of Medicine and Surgery (BUMED) began with a leadership conference held by the Navy's Surgeon General. During this conference, leaders in Navy Medicine embraced the BUMED mission while learning to spread this "new" management philosophy called Total Quality Management (TQM). Thus began the enculturation of the U.S. Navy towards what is now called Total Quality Leadership (TQL).

Commanding Officers returned to their commands with a general "roadmap to quality" and began educating their senior personnel (Walton, 1990). During implementation, commands selected one or more management teams referred to as Quality Management Boards (QMBs) that "...take charge of changes and direct the activities of process action teams (PATs)" (p. 155). Tasked with resolving problems related to a specific process that needed improvement, PAT members included key stakeholders of that process. These members included officers, enlisted, civil service

members, and many times contract employees. Often these members received "just-in-time" training in process improvement tools without prior knowledge of the "big picture" or the TQM philosophy.

Meanwhile, the Department of Defense continued to plan additional cutbacks in spending with talks of "downsizing" and additional base closures. Faced with the need to plan for their uncertain future at lower echelons, BUMED and some of its subordinate commands began investigating and implementing strategic planning methodologies. Like Naval Hospital, San Diego, many began to merge TQL implementation efforts with their strategic planning process.

According to Dr. Ken Brodeur, TQM consultant and educator (1992 November), a strategic plan is very important in effecting the desired organizational culture transformation. Healthcare facilities now begin their journey toward quality and excellence with a strategic plan which focuses the efforts of the staff toward the common goals of the governing body. Once the strategic goals are ratified, QMBs are formed and assigned responsibility for cross functional process improvement within major categories of products and

services linked to specific strategic goals. Hence the governing body empowers the QMBs to effect change as they charter PATs to conduct "scientific experiments" to improve delivery of these products and services. As the goals are achieved through process improvement, new goals are established in accordance with the mission, and the organization slowly, yet effectively transforms into a center of excellence.

Management Problem Statement

To effect a change in organizational behavioral, it becomes necessary to achieve member "buy-in" to the proposed changes. This may be achieved through familiarization and education covering organizational values, beliefs, and a shared vision for the future. However, the military is known to sustain a very large and transient population with a relatively high turnover. Thus the familiarization and education processes may become more complex, and require a much longer period of time than anticipated.

In discussing Deming's fourth "deadly disease" of management mobility, Walton (1990) presents a military organization and the need for a stable force to carry on the desired changes. Prevost et al. (1992) suggest that though management commitment is important, Deming's critical mass theory and continual education is not enough - members need more direction and focus such as that provided by a formal strategic plan.

What happens when champions of change transfer, especially members or leaders of the management group who developed, ratified and began implementation of their formal strategic plan?

Literature Review

Organisational/Corporate Culture

Why is it important to know the organizational or corporate culture? Back in 1984, E. H. Schein (cited in Miyake & Trostler, 1987) defined corporate culture as a "set of basic assumptions a group uses in coping with problems of external adaptation and internal integration" (p. 310). More recent literature, such as Shortell & Kaluzny (1990) refer to key values, shared beliefs and understandings, and unwritten group norms within an organization. As behavior generally depicts the way a person or group performs or behaves, corporate culture is a strong driver of organizational behavior. Therefore, in order for a governing body to effectively institute major changes that impact the organization and minimize the bifurcation of goals, the organizational culture needs to be analyzed and confronted. How?

Organizational Behavioral Change

Kaluzny and Hernandez (1988) introduce three methods of change: transition, transformation, and technical change. Transition refers to changes in organizational goals without changing the methods to

achieve them. Technical change refers to the way work is performed. Lastly, transformation refers to major modifications in the organization's direction. The last may be achieved through application of a prototype with or without modification, or through originating the change in-house - the prior being the most common. Kaluzny and Hernandez address these changes as being accomplished through one of three perspectives: behavioral factors reflected in the nature of the culture, climate, and values; structural factors referring to roles or positions; and a combination of the prior two referred to as contingencies. Thus the appropriateness of the phrases: organizational culture transformation and organizational transformation.

In the past, only a few studies such as Kolb et al. (1971) addressed transformation of an organization. Since 1988, as more organizations began switching to Deming's management philosophy, a proliferation of research (Marszalek-Gaucher & Coffey (1990), Mount et al (1992)) includes discussion of the effectiveness in transforming organizational culture. Why? Prevost et al. (1992) use the term "metanoia" to this cultural transformation...explaining that this kind of change

goes beyond the mind - it is a "transcendent" shift in thinking.

What is involved in such a transformation? Prevost et al. (1992) suggest the hospital board be "anchored," i.e., be fully committed to and understand their shared vision and strategic plan. Others (Deming (1986), Tichy & Devanna (1986), & Dalziel & Schoonover(1988)) stress the need for the governing body to spread the knowledge to transform, along with knowledge of the organization's mission, vision, and appropriate strategic goals throughout the organization while maintaining open channels of communication for feedback. This communication should include cognitive and emotional components to "capture both people's minds and people's hearts" (Shortell et al., 1990, p. 252). To achieve success, Leebov (1988) proposes a 3-step process: unfreezing, changing, and refreezing with a foundation based upon a planning process that is meticulous, comprehensive, and thoughtful.

Strategic Planning

The hospital is a large, complex organization focused on a mission of caring for the sick and injured. Why should a hospital need a strategic pla-

especially a military facility which can also encompass a number of outlying branch clinics (such as NHSD)? After all, until recently it was possible for a command to wait for the windfall at the end of the fiscal year if money was needed to purchase new technology. Some still believe this is possible. Besides, the military is a highly bureaucratic organization facing continual changes and major uncertainties. How would a strategic plan help?

Shortell & Kaluzny (1991) describe the strategic plan as providing the mission, values and assumptions of an institution. The strategic plan is important to create a unified and synergistic organization (Beckham, 1992), as well as to help the organization focus on an appropriate direction for changing the organizational culture (Spenner, 1991). In fact, Beckham refers to the plan as a "...blueprint for allocating scarce resources against an organization's best opportunities in an environment of uncertainty and risk" that should "drive long-range plans, annual operating plans, facilities, and budgets (p. 68)." In view of the complexities of the healthcare environment, Liedtka (1992) cautions against strategic planning focused

solely on a market mentality. This seems further supported by others such as Scott and Shortell (1988) who suggest "separating" the hospital and business plan into three parts: the Marketing Plan, Operation Plan, and Financial Plan.

In 1987, Griffith described the strategic plan as having three purposes: 1) expansion of the mission statement, 2) setting standards for fiscal and other internal plans, and 3) a tool for management to build corporate understanding and consensus. This plan included the expanded mission statement, forecasts derived from the environmental assessment, major changes in services, summary of the long-range fiscal plan, major competitors, and major uncertainties and risks that can lead to failure. To these, Spenner added Total Quality Management and information systems.

Recently Griffith (1992) modified the above to reflect the expanded role of governing bodies in empowering members of the organization. He stresses the importance of articulating the business philosophy, communicating it to organizational members, and testing it against external demands. Therefore, the strategic plan designed to "optimize" the hospital's future:

1) builds understanding and consensus on its strategic direction; 2) presents goals, forecasts and decisions based on the mission statement; and 3) provides the standard for developing a long-range fiscal plan, component plans, and evaluating various strategic and "programmatic" proposals submitted to the board. Furthermore, he presents nine steps to effect a successful plan:

1) Surveillance (search for threats and opportunities);

2) Mission development;

3) Long-Range Planning;

4) Strategic options development;

5) "Programmatic" proposals development;

6) Selection;

7) Implementation;

8) Promotion; and

9) Evaluation.

Beckham proposes the following seven steps to develop an effective strategic plan:

1) the mission statement,

2) the vision statement,

3) the "strategic intent,"

4) driving strategies of the organization,

5) a set of objectives,

6) tactics, and

7) action plans.

These steps incorporate information gathered through the environmental analysis and marketing research performed annually by the institution that can best influence the formulation of the strategic plan (Ginter et al., 1991).

In developing an effective strategic plan, one must determine how the plan will be received by the key stakeholders. If the employees of an organization feel the strategic plan does not apply to them or fails to meet their needs, they most likely will not take part in effecting the changes. Therefore, it is important that hospital executives involve key stakeholders, especially "boundary spanners," in order to ensure that the critical values and beliefs of the institution are considered in forming the vision and strategic objectives of the hospital (Liedtka, 1992; Marszalek-Gaucher & Coffey, 1990; and Scott & Shortell, 1988). After all, the strategic plan can channel the hospital's transformation by providing a focus for the

organizational behavioral changes necessary to fulfill the organization's mission.

Therefore, success in implementing a strategic plan may generally be measured in terms of that mission and the changes indicative of heading in the desired direction. In terms of the above, the Federal Quality Institute (1990) measures effectiveness using the following criteria: top management's leadership and support, strategic planning, focus on the customer, employee training and recognition, employee empowerment and teamwork, the use of management information, the integration of quality assessment and quality improvement, and quality and productivity improvement results. Prevost et al. (1992) reiterate a few of the above criteria, and suggest that the following should become more evident: spontaneous teams that form without charters, encouragement of creativity, people relating their job to the vision, and no retribution for errors. As measurements of these criteria show improvement, high levels of trust throughout the organization should also become apparent (Tichy & Devanna, 1986).

A Journey Toward Excellence

Considered by many caregivers and patients as a healthcare facility already delivering good quality healthcare through a hospital and eight outlying branch clinics in 1989, Naval Hospital San Diego approached the previously mentioned mandate with the aplomb of its Commanding Officer. Throughout Navy Medicine and the San Diego healthcare arena today, Naval Hospital San Diego is considered to be a very proactive pioneer in Total Quality Leadership. The following is a synopsis of events documented by Mount et al. (1990) and the Department Head of Healthcare Planning:

The Commanding Officer, NHSD returned from the Navy Surgeon General's Annual Conference in September 1989 with a vision... Naval Hospital San Diego providing quality care to all patients as a "Center of Excellence." Shortly following his return, he formed the Executive Steering Committee (ESC) to coordinate the activities of executives and senior managers as they began their education in Total Quality Management (TQM) and began applying its principles. In December, the Naval Hospital developed a road map to excellence while a network of San Diego hospitals formed the

Southern California Coalition for Improving Health Care Quality.

Naval Hospital San Diego became the only military hospital to join the Quality Management Network of the National Demonstration Project in February 1990. During the same month, they chartered five pilot PATs. Following training in the Joint Commission on Accreditation of Healthcare Organization's (JCAHO) "Agenda for Change," NHSD began integrating Quality Assurance and Quality Improvement. Meanwhile, by September, the five PATs expanded to 63 under the guidance and mentorship of the following Quality Management Boards: Fleet Services, Health Care Services, Hospital Operations, and Organizational Effectiveness.

Though many improvements were set in motion, the journey proved long and arduous. Faced with a process in need of improvement, the Head of Healthcare and Planning at NHSD proposed steps to formulate a strategic plan based on his experiences and guidance from the efforts of the Bureau of Medicine and Surgery. During a three-day retreat, 22 ESC members and six consultants brainstormed and agreed upon six core

values: People, Health, Teamwork, Compassion, Professionalism, and Continuous Improvement. They also formulated a mission statement (Figure 1) espousing their values and commitment to Continuous Quality Improvement. Already tasked with performing an environmental analysis with some focus on marketing, they integrated the results with the above and developed a vision statement (Figure 2) that evolved into a framework for the strategic plan.

NHSD MISSION

- To Deliver Healthcare Services in Support of the Fleet and Fleet Marine Forces.
- To Maintain Our Readiness for War.
- To Provide Authorized Health Benefits to Uniformed-Services Beneficiaries in the San Diego Area.
- To Advance Navy Medicine Through Education, Training, and Research.
- To serve as the Navy's West-Coast Tertiary-Care Referral Center.

Figure 1. Mission Statement of Naval Hospital San Diego

NHSD VISION

- We welcome the Challenge to Be the Best.
- We Are Recognized For Our Commitment to Excellence.
- Our Staff is Renowned For Contributions to Healthcare Science and Research.
- We Take Pride in Service.
- Our Patients Feel We Are the Best and Spread the Word.
- Everyone Constantly Works to Improve.

Figure 2. Vision Statement of Naval Hospital San Diego

At the same time, military medical treatment facilities were tasked with performing more cost containment measures requiring a market-based approach in fiscal planning-achieved through a separate

business plan. Work on this plan progressed slowly from March through June. Then, one month prior to ratification of the Strategic Plan which would serve as a foundation to refocus the business plan, the Commanding Officer of NHSD retired. Hence, the

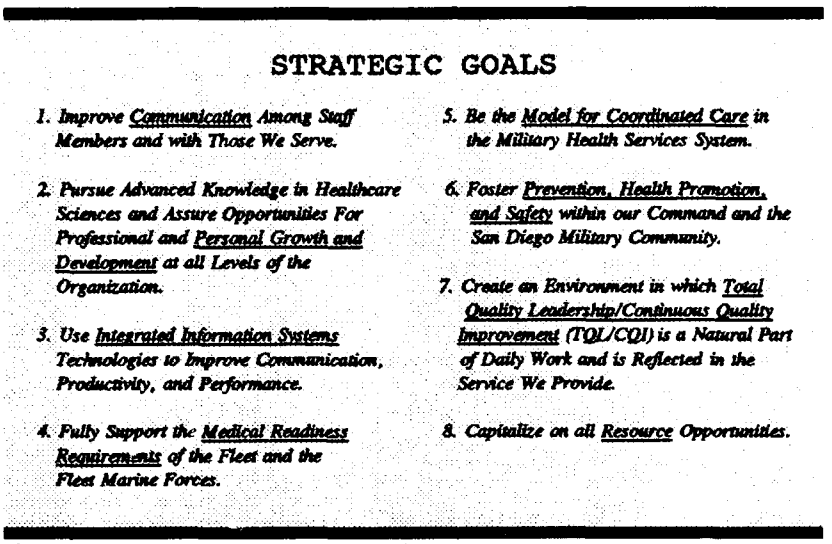

Figure 3. Strategic Plan of Naval Hospital San Diego

strategic plan (Figure 3) was ratified in June under the auspices a new Commanding Officer, and the future focus on the business plan temporarily delayed.

Following ratification, eight ESC members were appointed as "goal tenders," assigned a team of key stakeholders, and tasked to formulate an effective course of action and determine appropriate measures of performance. Meanwhile, all department heads, division

officers, and leading petty officers were charged with a new mission during educational sessions that focused on TQL and the new road to excellence. These key leaders were charged to relay the command's "new" values, vision and mission statements, and strategic plan to their subordinates.

Since then, the executive officer and Head of Healthcare Planning transferred to different commands. Several other advocates of change within the Executive Steering Committee transferred to new commands or to different positions within the hospital.

Purpose

The purpose of this paper is to evaluate the role of the strategic plan in furthering the cultural transformation at the Naval Hospital San Diego as the organization responds to recent transitions in the top management. Using the previously discussed criteria for success, this evaluation addresses the importance of the critical mass in effecting organizational understanding and consensus on its strategic direction and in educating and empowering employees. It also examines evidence of behavioral patterns that support the goals, such as involvement of all members of the organization in reaching its vision to be the best...a "Center of Excellence" in providing quality patient care.

METHODS AND PROCEDURES

With the Naval Hospital and its eight outlying branch medical clinics as the main unit of analysis, this embedded case study began in October 1992 and ended with the last formal interview on 16 March 1993. Taking full advantage of the availability of multiple sources of data, review of historical data, observations and informal interviews commenced in October and continued through the duration of the study. Using some of this information and the scope of the research, a survey was designed in December and pilot tested January 25-29, 1993. Following a minor change to the cover sheet, the actual survey was distributed February 5-8 and collected through February 26. The formal interviews took place on March 11, 12, and 16.

Case Study Research

Research requiring investigation into real-life events with no control over behavioral limits is best achieved through case study research (Yin, 1992). Furthermore, Yin asserts that a case study approach is best for research concerning implementation theories, organizational theories of bureaucracies or excellence in organizational performance, or theories of group behavior. The investigator can work with multiple sources of information which, Yin explains, increase the construct validity of the research. These sources include: historical documents, interviews, surveys, direct observation, and participant observation. Using these sources also helps provide explanations for causal links in real-life context through crosscase analysis, thereby enhancing the understanding of complex social phenomena.

Following a sequence of interpersonal events and establishing a chain of evidence also strengthens the construct validity of the research. This may be especially important in an embedded case study design in which outcomes from different projects and/or issues are integrated into the study. Meanwhile, Yin asserts

that internal validity is attained through time-series analysis or explanation building; and external validity by establishing a domain in which the findings can be generalized. Unlike scientific experiments, case studies are more concerned with generalizations based on analytical means vice statistical means.

Reliability is based upon the ability to repeat the operations of the study. Yin stresses the importance of maintaining organized documentation of the multiple data sources and data analysis, which he refers to as the "case study data base."

Data Collection

Historical Research

Historical research began with an appointment with the Head of Healthcare Planning. In providing a short historical outline, he presented agenda and minutes of previous ESC meetings and the strategic planning retreat, the environmental analysis, and hand-written notes. The Head of Healthcare Planning demonstrated how he formulated the strategic planning process (Figure 4) using articles, books, and improving the process he implemented at his last command. The Head of Healthcare Planning then stepped through the process described in the literature review earlier. Documents from the Head of Total Quality Leadership provided supplemental information and historical insight. Minutes from process action teams and quality management boards over the past year broadened the

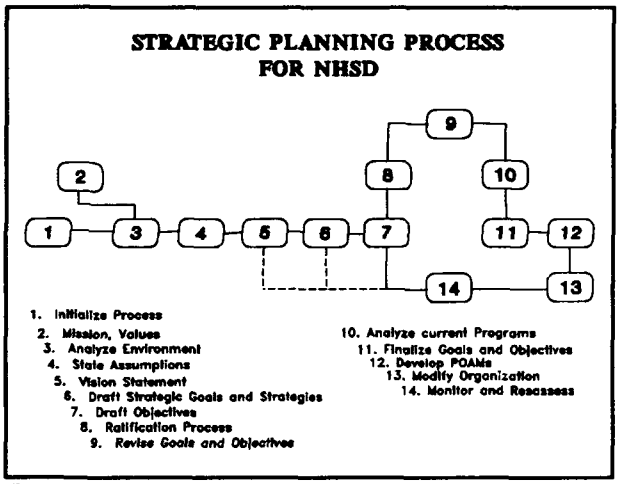

Figure 4. Original Strategic Planning Process

perspective from the "big picture" to more specific details crosscutting the organization.

Additional research includes the summary and tabular reports from raw data collected during a Process Action Team Survey conducted by Lieutenant Commander Joyce Seidman. Conducted in March and April 1992 - prior to ratification of the strategic plan, this data provides an insight into the organizational behavior at that time. Permission for its use in this study has been granted.

Surveys

Survey design. Though the survey is only one tool in this study, it assists in determining the extent of influence the strategic plan has on effecting cultural transformation by comparing different subcultures or subpopulations of the hospital. Assisted by Dr. Ken Brodeur, survey questions drew upon information from the literature review, prior observations and informal interviews, and the scope of the study (Appendix A). The main body of questions deal with the dissemination of knowledge concerning elements of the strategic plan, individual "buy in" to the command vision and mission, leadership support and levels of encouragement, and the

integration of the TQL structure with the strategic goals. The three final questions provide information to analyze the results: status: officer, enlisted, civilian; rate/rank/grade: E1-E6 or WG/GS/WS 1-6, E7-E9 or WG/GS/WS 7-10, O1-O4 or GS 11-12 or warrants (added verbally), and O5-O6 or GS/GM 13 and above; and length of time at this command: 1-7 months, 8-12 months, or greater than 12 months.

As strategic planning efforts generally center around the TQL structure, the survey design addresses three perspectives: members of the Quality Management Boards, members of the Process Action Teams, and the general staff population not currently members of QMBs, PATs or the ESC. During data entry, one last question was entered for analysis across these subcultures. All participants were requested to answer the first eight questions and last three questions. PAT members and QMB members were also requested to answer five additional questions.

Instructions to this effect were delineated on a cover sheet, along with directions to remove the cover sheet prior to returning the survey. The survey and cover sheet were critiqued by two advisors, then handed

to a cross section of twenty-five staff members for the Pilot Test. Following comments and pilot test results, the only change was the addition of a more easily read rating table to the cover sheet.

Participant Selection and Distribution. While drafting the survey, work began on compiling and selecting the participants for this dynamic survey. Military Manpower provided a non-sorted alpha roster of all military staff members on floppy diskette, ensuring the media were marked properly and personally hand-delivered. Civilian Personnel supplied a hard copy of their alpha roster sorted by department, also ensuring proper handling to maintain confidentiality. To ensure data integrity, the military roster was broken down to two files separating officers and enlisted while keeping the names in random order. While separating these names, all identifying personal information was stripped except the department and division needed to locate the individuals in order to maintain strict confidentiality.

In order to receive a sufficient number of responses from the QMBs and PATs for statistical purposes, each member of the QMBs and currently active

PATs received a survey. QMB Chairpersons and PAT leaders provided individual lists of member names and rank. Prior to selection of the recipients for the general population, these names plus names of the ESC members and the twenty-five Pilot Test personnel were removed from the appropriate lists.

The customarily accepted level of significance is five percent. Therefore, one hundred completed surveys were needed from each group to ensure the level of confidence of 5%. With an expected 50% response rate, two hundred participants were randomly selected from each group. Department Heads voluntarily assisted in routing the questionnaires to those in their chain of command using the names and location written on the cover sheet. Once the cover sheet was removed, individuals returned the completed questionnaires in guardmail envelopes or sealed envelopes distributed with the blank surveys.

Observations

Yin (1992) refers to two forms of observation which he asserts can add dimension for understanding the context or phenomena being studied. They are: observing behavior while in a staff position, which he

calls "participant observation;" and simply looking on as an outsider, which he calls "direct observation." For this study, special assignments and task force membership allowed substantial opportunity for interactive participation and observation, as well as direct observation. Performing rotations throughout the hospital provided unlimited opportunities to view organizational behavior at all levels and across many of the internal boundaries. In the process of gathering information, attending meetings of the Executive Steering Committee, Quality Management Boards, Process Action Teams, a variety of command subcommittee meetings, and departmental and divisional meetings provided much insight into the culture. Additionally, simply sitting in different locations throughout the hospital proved very fruitful.

Interviews

In reading a number of books and articles about organizational culture and transformation, questions arose on applicability which observations alone could not satisfy. Personal conversations assisted in clarifying some of the issues unique to Naval Hospital, San Diego, while also unearthing many strong feelings

toward the cultural transformation of the hospital. Ethical issues were addressed by ensuring that participants in these "informal interviews" were cognizant of the on-going research.

In order to gain insight into the facts and opinions about events, formal interviews should be focused but open-ended (Yin, 1992). Therefore, to better understand the perspective of those in top management positions during and immediately following ratification of the strategic plan, an interview was designed with the help of Dr. Ken Brodeur (Appendix B). Following random selection of four representative members of the Executive Steering Committee, an appointment was made with each. Time and location were at the convenience of the individual for a period not to exceed forty-five minutes. Once the individual completed answering a question, the answer was repeated by the interviewer to allow corrections to or enhancement of the answer. Following completion of the interview, each was allowed time for additional comments.

Data Analysis

Verification of historical data can only be achieved through additional documentation and corroborated by actual participants. Therefore, historical data gathered from documents maintained in the Healthcare Planning Office and the Total Quality Leadership office were compared with discussions held with other participants in the strategic planning process.

Survey results were analyzed using Survey Pro™, a computer software program which calculates and produces the following descriptive statistics for each question: total count of replies and forms, standard deviation, means, and median. Survey Pro™ also produces reports in the form of tables and graphs which cross-reference several questions against a single question. Cross-referencing each of the first eight questions against the four variables of status, rate/rank/grade, length of time at the command, and QMB/PAT/Random population provided valuable information for further analysis. Testing each question against each of these four variables to determine statistical significance requires a set of "expected" results to compare against

the "observed" results. Therefore, statistics were computed for each question using all 423 forms as the "expected" results, and for each of the populations to obtain the "observed" results. Microsoft Excel was then used to calculate the Chi-square and its associated p-value for each variable.

Information gathered through observations and interviews was used to substantiate the analysis of the historical and survey data.

RESULTS

Prior to ratification of the strategic plan, Table I shows that a large number (94.8%) of those surveyed felt the command strongly supported Total Quality Leadership. However, when asked if the command "walks the talk," there are fewer who felt the same (85.7%). What does this show? Taking a deeper look at specific figures for military and civilian counterparts by focusing in on those who strongly agree, more of the enlisted members (75%) felt that the command supported the PAT efforts, trailed slightly by officers (71.4%), and civilians (68.2%). When asked if the command "walks the talk," one-third of the officers and enlisted, and only ten percent of the civilians strongly agreed. And yet, looking back at Table I, PAT members ranked command support through recognition of PAT efforts relatively high (81.3%) with one-third agreeing strongly.

PAT SURVEY	Strongly Agree %	Agree %	Disagree %	Strongly Disagree %
Supervisor Supp PAT (76)	67.1	28.9	3.9	0.0
Cmd Supports TQL (76)	71.1	23.7	3.9	1.3
Cmd "Walks Talk" (70)	25.7	60.0	11.4	2.9
Cmd Recog PATs (75)	37.3	44.0	16.0	2.7
TQL Will Work (75)	38.7	54.7	5.3	1.3

Table I. Results of a prior Process Action Team Survey conducted in March and April 1992 (prior to ratification) by LCDR Joyce Seidman.

Looking at lower management levels in Table I, there is high agreement from all (96%) that their supervisors supported their PAT involvement. Officers, enlisted and civilians demonstrate similar results. But did they expect TQL to work at NHSD? In Table I, survey participants demonstrated strong belief (93.4%) that it would. Strength is once again with enlisted members (50%), but this time more civilians (45.5%) than officers (31.7%) strongly agreed that TQL would survive.

Eight months after ratification of the strategic plan, 82.5% of those surveyed feel they are encouraged to some extent to practice the principles of continuous quality improvement (CQI), 35.5% of these to a great extent (Table II). Looking at the breakdown into officer, enlisted, and civilian subpopulations shows no major differences. However, it is interesting to note that though a larger number ($Chi^2=15.99$, $p<0.001$) of QMB

LEADERSHIP SUPPORT	Very Great %	#Rep	Great %	#Rep	Some %	#Rep	Little %	#Rep	None %	#Rep
CQI Encouraged (423)	35.46	150	31.91	135	16.08	68	9.46	40	7.09	30
Dept Practices CQI (421)	17.87	74	29.95	124	31.4	130	13.77	57	7.00	29
Personal Supp CQI (422)	49.76	210	32.23	136	10.19	43	3.08	13	4.74	20
QMBs Supp PATs (118)	13.6	16	38.1	45	29.7	35	12.7	15	5.9	7
ESCs Supp PATs (119)	15.1	18	32.8	39	31.1	37	12.6	15	8.4	10

Table II. Perceived leadership support of Continuous Quality Improvement and Process Action Team efforts.

members (53%) perceive a very high degree of encouragement, the number is lower than one might anticipate. Is this demonstrable at the department level? In Table II, 79.2% of those surveyed indicate that their department practices the TQL principles. However, only 17.9% indicate that this is to a very great extent.

Turning to a more specific viewpoint, what about support from the QMB and ESC management levels for the PATs? Looking specifically to members of the Process Action Teams, Table II shows a fairly high (81.4%) level of support from the QMBs; with a little lower (79%) level of support from the ESC. Though a few more officers and civilians feel the support of the QMBs is to a very great extent, the same is definitely not true of the enlisted personnel ($Chi^2=20.96$, $p<0.001$). In fact, not one enlisted member sensed it to this extent, and almost five percent more showed "no extent" of support. When divided into a grade/rank structure, individuals in grades equivalent to E7-9 reflected those of the enlisted ($Chi^2=25.45$, $p<0.001$). The same holds true regarding their perception of ESC support.

Employee "buy-in" can be critical to the success of the strategic plan. This "buy-in" generally begins with knowledge of its existence and what it entails. To what extent, and at what level do the employees know about the strategic plan? Though the plan has only existed for approximately eight months, Table III shows a little over one-half of those surveyed are cognizant of the strategic plan. Table III shows this for each stage: the vision statement (53.1%), the mission statement (55.9%), the strategic goals (55.6%), and the objectives (51.2%). However, as the level of knowledge increases, more disparity is seen between the corporate knowledge of the vision and mission statements (7.35% and 8.29%), and that of the strategic goals and objectives (5.94% and 5.77%). Therefore, knowledge is not as great concerning the bridge to attain the vision and mission.

KNOWLEDGE	Very Great		Great		Some		Little		None	
	%	#Rep	%	#Rep	%	#Rep	%	#Rep	%	#Rep
NHSD Vision (423)	7.35	31	15.4	65	30.33	128	23.46	99	23.46	99
NHSD Mission (422)	8.29	35	18.01	76	29.62	125	22.04	93	22.04	93
NHSD Strat Goals (421)	5.94	25	17.10	72	32.54	137	23.28	98	21.14	89
NHSD Strat Objs (416)	5.77	24	14.66	61	30.77	128	25.24	105	23.56	98

Table III. Employee awareness of NHSD's command vision, mission, and strategic goals.

As might be expected, there is no significant difference when addressing the officer, enlisted and

KNOWLEDGE	Vision		Mission		Goals		Objectives	
	Chi^2	p	Chi^2	p	Chi^2	p	Chi^2	p
E1-E6 or GS/WG/WS1-6	14.87	0.005	11.12	0.03	11.90	0.02	12.33	0.015
E7-E9 or GS/WG/WS7-9	24.35	<0.001	20.08	<0.001	19.83	<0.001	28.02	<0.001
O1-O4 or GS 11-12	†	†	†	†	†	†	†	†
O5-O6 or GS/GM 13-16	74.74	<0.001	71.28	<0.001	87.70	<0.001	75.28	<0.001
Process Action Teams	27.21	<0.001	21.46	<0.001	23.01	<0.001	25.12	<0.001
Quality Management Bds	182.94	<0.001	181.50	<0.001	195.56	<0.001	158.5	<0.001
Random Group	†	†	†	†	†	†	†	†
1 - 7 Months	30.60	<0.001	19.96	<0.001	21.12	<0.001	18.33	<0.001
8 - 12 Months	22.69	<0.001	13.58	<0.001	17.93	<0.001	16.66	0.002
> 12 Months	†	†	†	†	†	†	†	†

Raw Data:	VGE	GE	SE	LE	NE	VGE	GE	SE	LE	NE	VGE	GE	SE	LE	NE	VGE	GE	SE	LE	NE
E1-E6 or GS/WG/WS1-6	4	6	40	40	41	5	11	42	36	38	3	10	42	42	34	2	7	40	42	37
E7-E9 or GS/WG/WS7-9	6	13	16	7	5	5	15	14	9	4	3	15	16	8	5	3	15	15	8	6
O1-O4 or GS 11-12	5	26	54	36	46	7	31	53	32	44	3	28	59	34	43	4	23	52	38	48
O5-O6 or GS/GM 13-16	15	18	15	9	3	17	17	12	11	3	15	18	14	10	3	14	15	16	11	4
Process Action Teams	20	42	60	25	22	21	48	51	27	22	16	44	63	26	20	14	38	64	28	21
Quality Management Bds	18	18	14	4	4	21	14	13	5	4	16	17	13	7	4	13	14	18	6	5
Random Group	9	24	81	79	83	12	32	84	71	78	6	32	83	79	76	7	26	74	85	83
1 - 7 Months	1	1	10	17	12	1	2	14	13	12	0	3	12	14	13	0	2	12	14	13
8 - 12 Months	1	1	16	7	9	2	2	14	8	8	1	2	16	6	8	1	1	14	11	7
> 12 Months	29	61	100	70	75	32	70	95	68	69	24	66	105	75	64	23	57	98	76	75

Table IV. Employee awareness by subpopulation groups. CHI^2 and # of replies/category:
VGE = Very Great Extent GE = Great Extent SE = Some Extent LE = Little Extent NE = No Extent

civilian subpopulations. Looking at the Chi^2s in Table IV classified by rank, rate, and grade, there is a statistical significance between the expected and the observed knowledge of the command vision, mission, goals and objectives. It is most apparent in grades equivalent to E1-E6, E7-E9, and O5-O6; PAT and QMB members; and individuals at the command less than 12 months. Those in grades equal to E1-E6 or at the

command less than one year reveal a significantly lower level of knowledge of each part of the strategic plan. Though not to a significant extent, those in a grade level equal to O1-4 also present a reduced degree of knowledge. As also might be expected, individuals in grades equal to E7-E9 and PAT members present a relatively higher level of knowledge, with the highest levels of knowledge exhibited by senior ranking officers and civilians, and QMB members (Table IV).

Is this knowledge reflected in employee "buy-in?" Table II on page 33 shows that of those surveyed, 92% personally support the principles of CQI. Almost one-half to a very great extent, an additional 32.2% to a great extent. Furthermore, the greatest supporters are Quality Management Board members (76.2%) who personally support CQI to a very great extent.

If the strategic plan is to focus the command on its path to the future, the strategic plan and the TQL structure should coalesce. Therefore, do current PATs reflect or support the current strategic goals? When asked of the PAT members, the majority (over 80%) agreed to some extent, with almost one-third agreeing to a very great extent. In Table V, civilians reflect

a significantly stronger support with two-thirds agreeing to a great extent. When asked of QMB members, an even greater number (over 90%) agreed to some extent, with one-third agreeing to a very great extent. In the QMB, however, over three-fourths of the officers feel strongly that the PATs support the strategic plan to a great extent. At the lower end of the spectrum, Table V shows that significantly fewer enlisted PAT members and E1-E6 equivalents agree that PATs support the strategic goals. Moreover, in the QMBs fewer civilians and enlisted members, as well as those in grades/rates equal to E7-E9 feel that the PATs currently support the strategic goals.

STRATEGIC PLAN ⇔ STRUCTURE	PAT ⇒ Strategic Goal (PAT Replies)			PAT ⇒ Strategic Goal (QMB Replies)			QMB Integrated ⇒ SP (QMB Replies)		
	Chi^2	p	#Rep	Chi^2	p	#Rep	Chi^2	p	#Rep
E1-E6 or GS/WG/WS1-6	12.65	0.01	19	†	†	1	†	†	1
E7-E9 or GS/WG/WS7-9	†	†	16	46.51	<0.001	5	66.45	<0.001	5
O1-O4 or GS 11-12	†	†	51	†	†	10	16.27	0.003	10
O5-O6 or GS/GM 13-16	†	†	27	†	†	19	†	†	19
Civilians	19.18	<0.001	24	31.81	<0.001	8	34.46	<0.001	8
Enlisted	18.24	<0.001	28	71.99	<0.001	5	66.45	<0.001	5
Officers	†	†	62	14.45	0.006	22	†	†	22

Raw Data:	VGE	GE	SE	LE	NE	VGE	GE	SE	LE	NE	VGE	GE	SE	LE	NE
E1-E6 or GS/WG/WS1-6	5	6	5	2	1	0	0	1	0	0	0	0	1	0	0
E7-E9 or GS/WG/WS7-9	4	6	2	2	2	2	1	1	1	0	1	1	2	0	1
O1-O4 or GS 11-12	17	22	6	2	4	3	4	2	1	0	0	3	2	2	2
O5-O6 or GS/GM 13-16	10	8	4	3	2	6	6	7	0	0	1	4	5	7	2
Civilians	6	10	6	0	2	2	1	4	1	0	0	1	3	1	2
Enlisted	5	9	6	5	3	2	0	2	1	0	1	1	2	0	1
Officers	26	22	5	5	4	7	10	5	0	0	1	6	5	8	2

Table V. Perception of how well TQL and Strategic Plan structures reflect one another. Chi^2 and # replies /category: VGE=Very Great Extent GE=Great Extent SE=Some Extent LE=Little Extent NE=No Extent

What about the role of the QMB? Is it being integrated into the strategic plan? Over one-half of the QMB members questioned say that it is happening to some extent. However, less than 10% feel this is to a very great extent. Enlisted members and those in grades equal to E7-E9 convey this to a greater extent. Meanwhile, civilians and members in grades equal to O1-O4 concur that integration of the QMB role into the strategic plan is occurring to a great extent.

DISCUSSION

When the Commanding Officer (CO) leaves a command, a transition period is expected by those remaining as the new commanding officer takes his or her place. Traditionally, all continue on the course established by the prior CO while waiting for the new CO to settle in and dictate desired changes. During the transition period at Naval Hospital, San Diego, things were no different. But, for a command deep in the heart of a major transformation, one question seemed to be voiced or thought by individuals throughout all layers of management. How strong an advocate is the CO regarding TQL - would he support the TQL efforts begun by his predecessor, or would he ignore them?

Meanwhile, the ESC lost other key advocates as the command faced two major distractions: a JCAHO survey at the end of July, and the Navy Inspector General (IG) Inspection in January. Progress on strategic planning slowed as the new ESC members were brought up-to-date and efforts were pooled to achieve readiness status for the inspections. At the same time, PATs continued to progress through the quality improvement cycle with some presenting recommendations to their respective

quality management board and to the ESC for final approval. Thus, process improvement continued to follow current TQL procedures.

Leadership Support

The original TQL structure embraces yet augments the existing administrative structure. Therefore, it is important that leaders in this highly traditional, bureaucratic structure accept or "buy-in" to this program of change as key advocates. After all, ESC members serve dual, and sometimes triple roles in the organization: administrative decision-makers, QMB chairpersons or facilitators, and key decision-makers in the "final" step of the process improvement cycle. In each role they are looked to for guidance and direction.

Prior to ratification of the strategic plan, top management may have strongly supported the TQL efforts by word of mouth, but few individually practiced the principles. In the parallel structure, time staff spent with QMBs and PATs was time not spent doing their "job." As these leaders began to see positive results from the PAT efforts and conceptualized a vision for the future, more adopted the principles and personally practiced them.

There are still leaders who may be very involved but continue to manage by exception or who simply

resist change. As might be expected, with external distractions consuming their time and energies, these leaders return to crisis management. This results in frustrated subordinates who may strive to improve processes but continually get mixed signals from direct supervisors and different levels of management.

Though many PAT members continued to perceive strong support from their superiors during transition, many perceived a loss of leadership support in regard to the QMB mentors and the ESC - especially those in the enlisted ranks. At this time, it was not uncommon to hear individuals complain that time spent committed to improving a process was wasted. They believed that when recommendations from the team did not coincide with expectations of the ESC, they were told to do more research and return at a later date. It should be noted that, at the same time, others told of ESC and QMB support in implementing significant improvements that increased customer satisfaction, improved employee morale, and saved the command thousands of dollars.

Knowledge-Shared Thinking

The more involved an individual is in the command, or the higher the position of leadership, the greater his or her access to internal functions with increased insight into the "big picture" that top managers deal with daily. Sharing some of this knowledge is known to help encourage team efforts while building trust amongst the employees. How well is knowledge of the organizational mission, vision and goals shared with staff members throughout the command? What about knowledge of on-going process improvement endeavors?

Though only announcements of TQL courses were found in the plan of the day and a couple of articles on continuous quality improvement appeared in the comma newspaper, knowledge of the command vision, mission, goals and objectives is beginning to filter through. This is encouraging in light of the loss of exposure and encouragement from the top, and the relatively short span of time since ratification. It is only a matter of time before those who asked questions concerning the strategic plan have their answers.

Process action teams have been in existence for over three years. But few individuals not directly

associated with the efforts of a PAT know anything about on-going research. Different storyboards are always displayed near the duty desk in the main entry way to inpatient care. A few others are displayed in other locations throughout the command. Therefore, how much of this lack of knowledge can be attributed to a lack of communication, the large number of currently-active PATs, or a lack of interest is unknown.

Employee "Buy-In" and Empowerment

Knowledge and involvement at higher levels do impact employee "buy-in." Those with greater access to corporate knowledge, such as QMB members, demonstrate much greater personal support for the CQI principles. While those with less knowledge personally support the CQI principles, it is to a lesser degree. However, there is a shift to encourage members to look at and deal with a problem process vice complain about it. This is quite obvious when one observes the formation of self-directed teams that use TQL tools to reach a solution based on consensus. Furthermore, there is an increased willingness of individuals to get personally involved in these non-PAT teams.

Involvement also plays an important role at higher levels. Therefore, a formal strategic plan should incorporate the new innovative ideas rising from management transition. After all, by channeling this creativity and including new members in the process, they become affiliates of the change. This provides consistency in leadership while furthering endeavors to educate and empower the employees.

Strategic Plan Integration

There is a disparity amongst those who share some knowledge of the command's strategic plan as to how well the TQL structure and the strategic goals blend. Some perceived the role of the QMB slowly melding with that of the strategic plan, but even members of the ESC sometimes questioned how this would be accomplished.

Under new management, the ESC is now realigning the TQL structure with the strategic plan while focusing in on the major services (Appendix C) provided by NHSD and its eight outlying branch medical clinics. Initial implementation concentrates on direct care services with five QMBs chaired by mid-level managers instead of ESC members. Some of the ESC members will serve as "link pins" to the administrative chain-of-command by facilitating the QMBs. Additionally, reeducation of the employees recently began with wide dissemination of the command's vision, mission, and strategic plan in the NHSD plan-of-the-day.

There is a long way to go before everyone is ready to adapt to a common philosophy based on continuous improvement. However, with strong leadership support, and additional employee education and involvement (with

empowerment) based on a well thought-out strategic plan, nothing is impossible...even in the face of continual management transitions.

THE FUTURE

In their commitment to continuous improvement, the Navy recently produced The Navy Policy Book and routed copies throughout the organization to provide all naval personnel with a common direction for the future...the strategic plan. During the ACHE Congress on Administration, Kane & Sanders (1993, March) presented the new Navy healthcare strategic planning process (Figure 5) which incorporates the requirement for specific, detailed strategies. Provided as guidance for all who attended, this further recognizes the Navy's spotlight on business planning emphasizing marketing awareness.

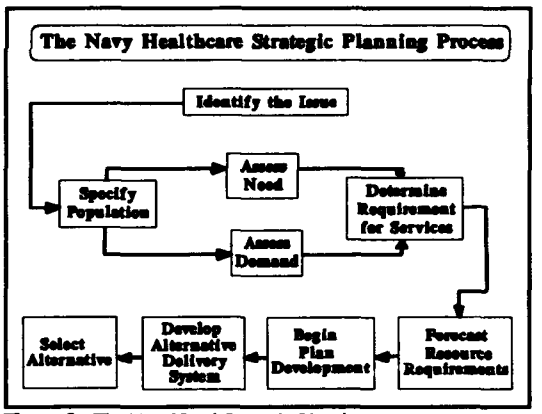

Figure 5. The New Naval Strategic Planning Process

With what kind of healthcare organization will we be competing? J. D. Beckman (1993, March) proposes that it will be an organization that is "flat, fluid and fast." This organization is founded on trust, a taste for change, and commitment to employee training. With fewer levels of bureaucracy, he asserts

that employees and other customers will deal more directly with top management, meaning less "red tape" and fewer delays. Furthermore, continual process improvement and employee education should lead to processes that flow more smoothly much faster with no decrease in quality.

To compete with such an organization and maintain a medical staff of highly professional military and civilian personnel, Navy Medicine must continue to lead the cultural transformation. Though military healthcare facilities are in different phases of implementing continuous quality improvement, each faces constant transition in military manpower. The loss of key leaders mean losses in corporate knowledge and key motivators in effecting the change. But with a formal strategic plan which incorporates these periods of management transition, leadership endeavors can remain consistant and committed to employee education and the empowerment needed to successfully effect the desired cultural transformation.

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Appendix A

Sample Survey with Cover Sheet

NAVAL HOSPITAL, SAN DIEGO
STRATEGIC PLANNING SURVEY

To:

As a graduate student stationed at Naval Hospital San Diego, I am studying the transformation of an organization toward a culture that supports quality and customer satisfaction in delivering healthcare products and services. This survey is designed to measure the impact of strategic planning on effecting this transformation at this hospital.

You have been selected randomly to receive this survey and be a participant in this Graduate Management Project. Please be assured there are NO questions or marks to trace this survey back to you. Thank you for your time and cooperation in completing and returning this survey by 12 February!

INSTRUCTIONS

* All recipients please complete questions 1 - 8 and 19 -21

* All current command-directed Process Action Team leaders, facilitators and members please complete questions 1 - 13 and 19 - 21

* All Quality Management Board leaders, facilitators and members please complete questions 1 - 8 and 14 - 21

* RATING SCALE:

1	2	3	4	5
Very Great Extent	Great Extent	Some Extent	Little Extent	No Extent

* PLEASE remove the cover sheet and return the survey no later than 12 February 1993 to:

LT Becky Bailey
Code BAA

Thank you for completing this survey!

NAVAL HOSPITAL, SAN DIEGO
STRATEGIC PLANNING SURVEY

As a graduate student with U.S. Army-Baylor University Healthcare Administration Master's Degree Program, I am studying the transformation of an organization toward a culture that supports quality and customer satisfaction in the delivery of healthcare products and services. This survey is designed to measure the impact of strategic planning on effecting this transformation at Naval Hospital, San Diego. Please be assured that your anonymity will be protected and confidentiality will be maintained. I appreciate the time you will spend filling out this survey and I thank you in advance for your candid participation.

Please rate your extent of knowledge in the following areas relating to the Naval Hospital, San Diego Strategic Plan and Quality Transformation by circling the appropriate number using the following scale: 1 = VERY GREAT EXTENT; 2 = GREAT EXTENT; 3 = SOME EXTENT; 4 = LITTLE EXTENT; 5 = NO EXTENT.

1. TO WHAT EXTENT DO YOU HAVE KNOWLEDGE OF THE NAVAL HOSPITAL ORGANIZATIONAL VISION FOR THE FUTURE AS DEFINED IN THE STRATEGIC PLAN?

1 2 3 4 5

2. TO WHAT EXTENT DO YOU HAVE KNOWLEDGE OF THE NAVAL HOSPITAL ORGANIZATIONAL MISSION AS DEFINED IN THE STRATEGIC PLAN?

1 2 3 4 5

3. TO WHAT EXTENT DO YOU HAVE KNOWLEDGE OF THE NAVAL HOSPITAL ORGANIZATIONAL GOALS AS DEFINED IN THE STRATEGIC PLAN?

1 2 3 4 5

4. TO WHAT EXTENT DO YOU HAVE KNOWLEDGE OF THE NAVAL HOSPITAL ORGANIZATIONAL OBJECTIVES AS DEFINED IN THE STRATEGIC PLAN?

1 2 3 4 5

5. TO WHAT EXTENT IS TQL PRACTICED IN YOUR DEPARTMENT?

1 2 3 4 5

6. SINCE YOU HAVE BEEN WORKING AT THIS COMMAND, TO WHAT EXTENT HAVE YOU SEEN A CHANGE TOWARD EMPHASIZING QUALITY AND CUSTOMER SATISFACTION?

1 2 3 4 5

7. TO WHAT EXTENT DO YOU PERSONALLY SUPPORT THE PRINCIPLES OF CONTINUOUS QUALITY IMPROVEMENT AND CUSTOMER SATISFACTION?

1 2 3 4 5

8. TO WHAT EXTENT ARE YOU ENCOURAGED TO PRACTICE THE PRINCIPLES OF CONTINUOUS QUALITY IMPROVEMENT AND CUSTOMER SATISFACTION?

1 2 3 4 5

THIS SECTION FOR PAT MEMBERS ONLY: (ALL PARTICIPANTS COMPLETE 19-21)

9. TO WHAT EXTENT DO YOU FEEL THAT YOUR PAT SUPPORTS ONE OR MORE OF THE NAVAL HOSPITAL'S STRATEGIC GOALS?

1 2 3 4 5

10. TO WHAT EXTENT DO YOU FEEL THAT YOUR PAT IS SUPPORTED BY YOUR QMB?

1 2 3 4 5

11. TO WHAT EXTENT DO YOU FEEL THAT YOUR PAT IS SUPPORTED BY THE ESC?

1 2 3 4 5

12. TO WHAT EXTENT DO YOU FEEL THAT DEPARTMENTS IMPACTED BY YOUR PAT SUPPORT YOUR EFFORTS?

1 2 3 4 5

13. TO WHAT EXTENT DO YOU FEEL THAT YOUR PAT IMPROVED PRODUCT/SERVICE QUALITY AND CUSTOMER SATISFACTION?

1 2 3 4 5

THIS SECTION FOR QMB MEMBERS ONLY: (ALL PARTICIPANTS COMPLETE 19-21)

14. TO WHAT EXTENT DO YOU FEFL THAT THE QMB SHOULD BE TASKED BY THE ESC TO ENSURE THAT PAT EFFORTS SUPPORT NAVAL HOSPITAL STRATEGIC GOALS?

1 2 3 4 5

15. TO WHAT EXTENT DO YOU FEEL THAT PATS UNDER YOUR QMB SUPPORT THE NAVAL HOSPITAL'S STRATEGIC GOALS?

1 2 3 4 5

16. TO WHAT EXTENT HAS THE ROLE OF THE QMB CHANGED SINCE THE NAVAL HOSPITAL DEVELOPED A STRATEGIC PLAN?

1 2 3 4 5

17. TO WHAT LXTENT HAS THE ROLE OF THE QMB BEEN INTEGRATED INTO THE NAVAL HOSPITAL STRATEGIC PLAN?

1 2 3 4 5

18. TO WHAT EXTENT DO YOU FEEL THAT YOUR QMB CONTRIBUTES TO THE NAVAL HOSPITAL'S TRANSFORMATION TO A QUALITY ORGANIZATION?

1 2 3 4 5

The following three questions are necessary to analyze the data:

19. STATUS: . . . . . ❑OFFICER ❑ENLISTED ❑CIVILIAN

20. RATE/RANK/GRADE:

❑E-1 TO E-6 OR GS/WG/WS 1-6
❑E-7 TO E-9 OR GS/WG/WS 7-9
❑0-1 TO 0-4 OR GS-11-12
❑0-5 TO 0-6 OR GS/GM 13 AND ABOVE

21. LENGTH OF TIME AT THIS COMMAND: . . . . . ❑1-7 MONTHS ❑8-12 MONTHS ❑MORE THAN 12 MONTHS

**** *THANK YOU FOR COMPLETING THIS SURVEY* ****

Appendix B

Formal Interview Questionnaire

NAVAL HOSPITAL, SAN DIEGO
STRATEGIC PLANNING
ESC-FOCUSED INTERVIEW QUESTIONS

1. To what extent do you that Naval Hospital employees understand and support the vision, mission, goals, strategies, and objectives of NHSD?

On what is this feeling based?

2. To what extent do you feel that Naval Hospital middle managers understand and support the vision, mission, goals, strategies, and objectives of NHSD?

On what is this feeling based?

3. To what extent do you feel that Naval Hospital QMB members understand and support the vision, mission, goals, strategies, and objectives of NHSD?

On what is this feeling based?

4. To what extent do you feel that Naval Hospital PAT members understand and support the vision, mission, goals, strategies, and objectives of NHSD?

On what is this feeling based?

5. To what extent do you feel that TQL is practiced in the organization?

On what is this feeling based?

6. Since you have been at this command, to what extent have you seen a change toward emphasizing quality and customer satisfaction?

Please provide some examples:

7. To what extent do you see ESC members personally supporting the principles of continuous quality improvement and customer satisfaction?

Please provide some examples:

8. To what extent do you see the QMBs and PATs supporting the Naval Hospital's strategic goals?

Please provide some examples:

9. To what extent have the roles of the ESC and QMBs been integrated into the Naval Hospital's strategic plan?

Please provide some examples:

10. Has the strategic plan been an effective tool in assisting the ESC in leading the cultural transformation to quality?

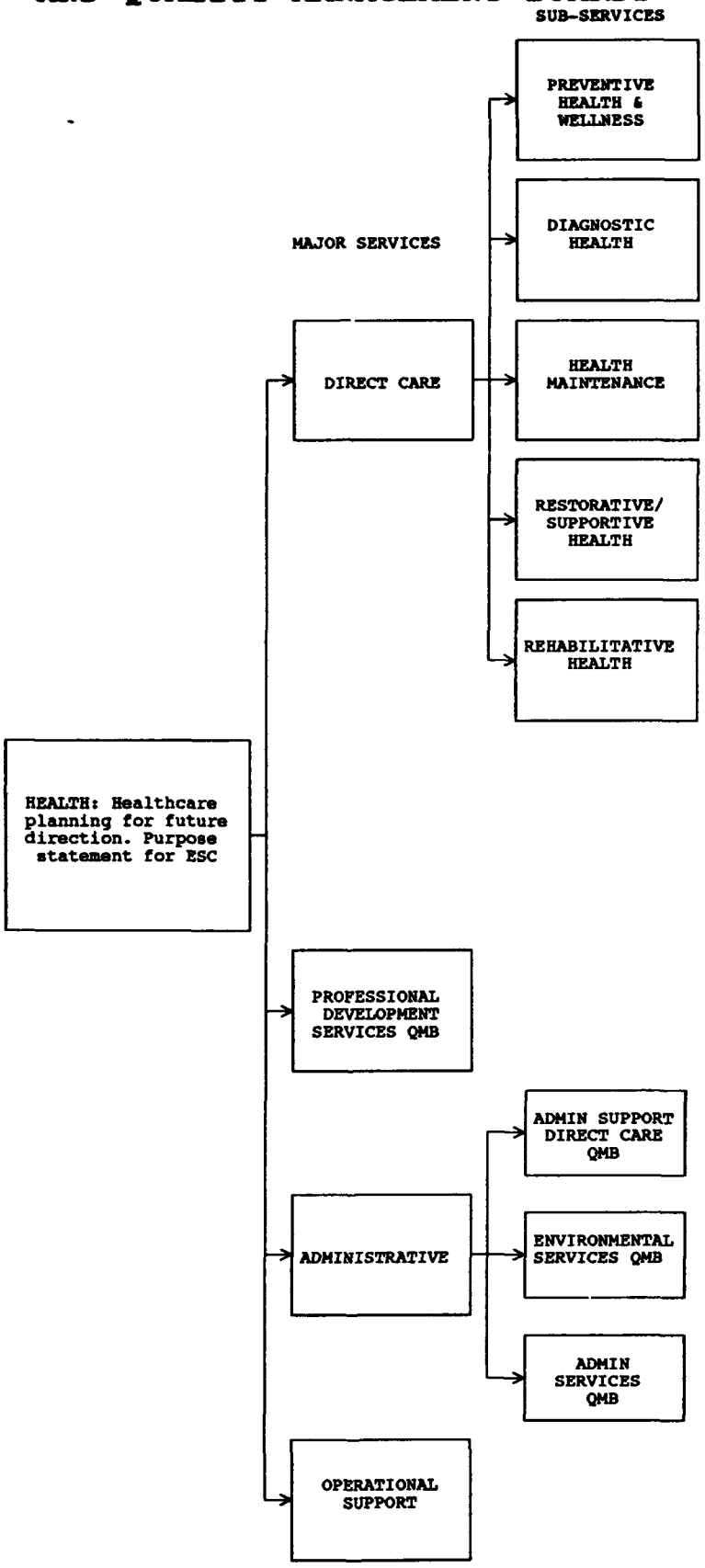
Please provide some examples:

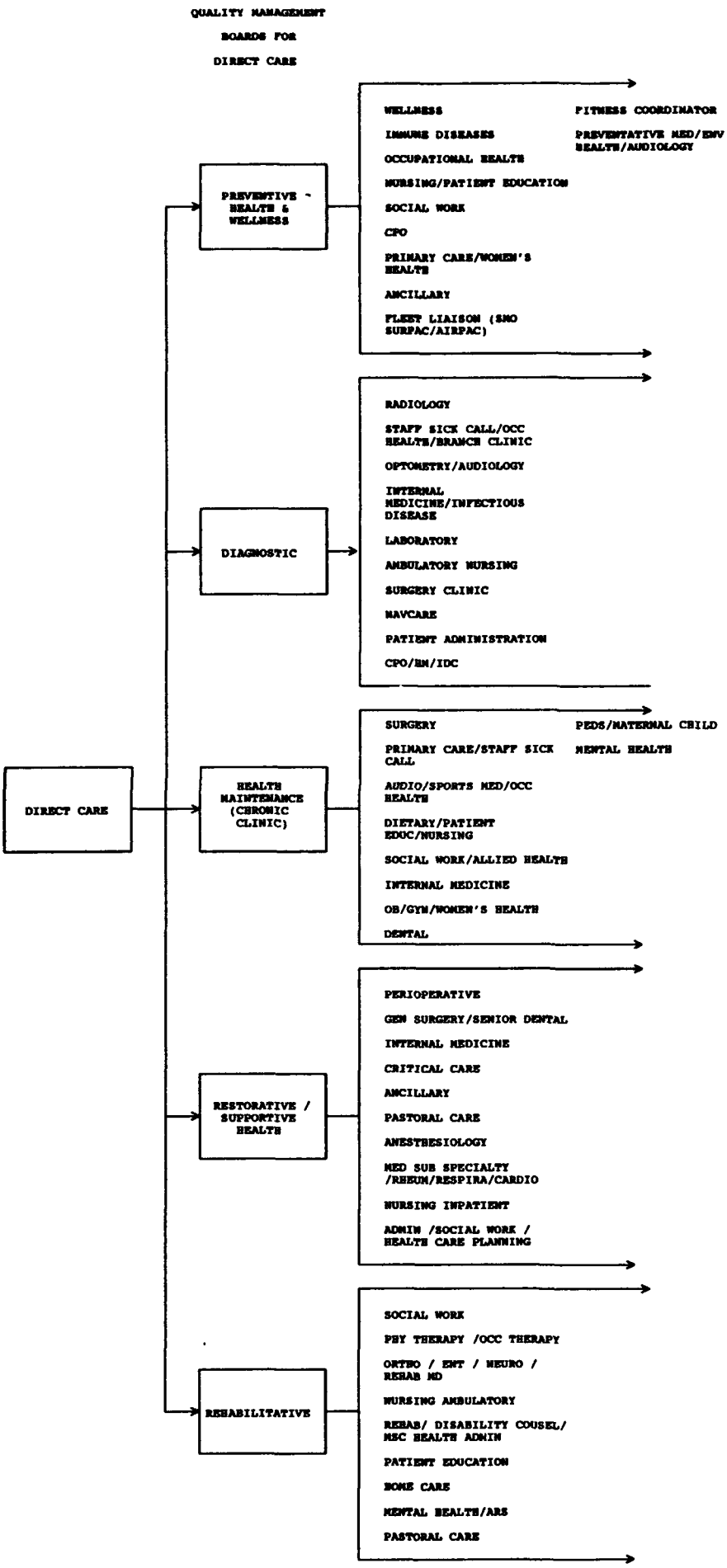
11. Is there anything you would like to add?

Appendix C

NHSD's New Direction

NAVAL HOSPITAL, SAN DIEGO, CA
EXECUTIVE STEERING COMMITTEE : PURPOSE AND QUALITY MANAGEMENT BOARDS




QUALITY MANAGEMENT
BOARDS FOR
DIRECT CARE
DIRECT CARE
PREVENTIVE - HEALTH & WELLNESS
WELLNESS
FITNESS COORDINATOR
IMMUNE DISEASES
PREVENTATIVE MED/ENV HEALTH/AUDIOLOGY
OCCUPATIONAL HEALTH
NURSING/PATIENT EDUCATION
SOCIAL WORK
CPO
PRIMARY CARE/WOMEN'S HEALTH
ANCILLARY
FLEET LIAISON (SNO SURFAC/AIRPAC)
DIAGNOSTIC
RADIOLOGY
STAFF SICK CALL/OCC HEALTH/BRANCH CLINIC
OPTOMETRY/AUDIOLOGY
INTERNAL MEDICINE/INFECTIOUS DISEASE
LABORATORY
AMBULATORY NURSING
SURGERY CLINIC
NAVCARE
PATIENT ADMINISTRATION
CPO/EM/IDC
HEALTH MAINTENANCE (CHRONIC CLINIC)
SURGERY
PEDS/MATERNAL CHILD
PRIMARY CARE/STAFF SICK CALL
MENTAL HEALTH
AUDIO/SPORTS MED/OCC HEALTH
DIETARY/PATIENT EDOC/NURSING
SOCIAL WORK/ALLIED HEALTH
INTERNAL MEDICINE
OB/GYN/WOMEN'S HEALTH
DENTAL
RESTORATIVE / SUPPORTIVE HEALTH
PERIOPERATIVE
GEN SURGERY/SENIOR DENTAL
INTERNAL MEDICINE
CRITICAL CARE
ANCILLARY
PASTORAL CARE
ANESTHESIOLOGY
MED SUB SPECIALTY /RHEUM/RESPIRA/CARDIO
NURSING INPATIENT
ADMIN /SOCIAL WORK / HEALTH CARE PLANNING
REHABILITATIVE
SOCIAL WORK
PHY THERAPY /OCC THERAPY
ORTHO / ENT / NEURO / REHAB MD
NURSING AMBULATORY
REHAB/ DISABILITY COUSEL/ MSC HEALTH ADMIN
PATIENT EDUCATION
HOME CARE
MENTAL HEALTH/ARS
PASTORAL CARE

PROCESS MANAGEMENT FLOW CHART